

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT**

Form D-1

Combustion

1.

Type of heating unit		ID Number	
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2.

Heat input rate (million Btu/hour)	
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3. Combustion Process:

Pulverized (Pv) -Dry Bottom		Spreader Stoker	
Pv - Wet Bottom		Traveling Grate	
Pv - Tangential		Fluidized	
Cyclone		Natural Gas	
Other		Other	

Fill out for each **fuel** and check not applicable if not used.

4.

Fuel Type	Heating value	Firing Normal or Tangential	% Ash	% Sulfur	% Moisture
Natural gas	N/A		N/A	N/A	N/A
Residual oil No.5, No.6	Btu/gal		N/A		N/A
Distillate No.1,No.2,No.4	Btu/gal	(No.4 only)	N/A		N/A
Process gas or landfill gas:	Btu/ft ³	N/A	N/A		N/A
Coal Check class of fuel below	Btu/lb Dry? Moist?	N/A			
Anthracite		Bituminous		Subbituminous	
				Lignite	
					Coke

5.

Fuel type	Heating value Btu/gal	% Heat provided by waste	% Ash	% Sulfur	% Chlorine	% Lead	% Fluorine	Special or Hazardous waste
Waste Oil							N/A	N/A
Liquid Waste			N/A	N/A		N/A		

6. Liquified petroleum gas:

Not Applicable

% Butane	% Propane	% Sulfur

7. Wood, wood waste, and/or Bark:

Not Applicable

Wood or Wood Waste	Bark only	Wood and Bark	% Moisture	Heating Value (Btu/lb)

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Form D-2

Combustion

8. Tires or tire derived fuel (TDF):

Not Applicable

Whole tires	Tire derived fuel	Heating Value (Btu/lb)	% heat supplied by (tires/ TDF)	% Sulfur	% Chromium	% Chlorine	Type of combustion

9. Solid waste:

Not Applicable

% heat supplied by combustion of solid waste	Heating value of waste (Btu/lb)	Type of combustor	Special or Hazardous Waste

10. Emission controls:

A. Particulate Matter (check all applicable)

None	Baghouse	Wet Scrubber	Electrostatic Precipitator
Other (Specify)			

B. SO₂ (check all applicable)

None		Scrubber type		Other (specify)	

C. NO_x (check all applicable)

None	Low NO _x Burners	Selective Catalytic reduction	Selective non-catalytic reduction
Other (specify)			

11. Acid Gas (check all applicable)

None		Packed Tower		Scrubber Type		Other (specify)	

12. Combustion units are boilers, fill out this section:

Date of installation	
Are any previously installed boilers present (Yes or No)	

If yes, complete:

Identification	Heat Input Capacity	Date Installed	Permit # and/or Registration #

Indicate any acceptable fuel consumption limitations _____ (specify units)

Stack Data should be placed on form F.

Provide additional sheets if necessary.

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